

Earle, (C. W.)

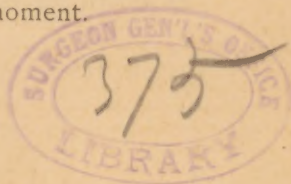
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ADDRESS OF PRESIDENT C. W. EARLE,
DELIVERED AT THE
THIRTY-NINTH ANNUAL MEETING
OF THE
ILLINOIS STATE MEDICAL SOCIETY,
MAY 21st, 1889.

{ THE RESPONSIBILITIES AND DUTIES OF THE MEDICAL
PROFESSION REGARDING ALCOHOLIC AND
OPIUM INEBRIETY. }

Ladies and Gentlemen:

At such a time as this, and in the presence of a representative body of medical men and citizens of the fourth State in our Union, a subject of more than mere local importance should engage our attention. Such topics as: "A Higher Medical Education," "The State Board of Health," and "The Care of the Insane," suggest themselves, and the entire evening could very profitably be consumed in presenting facts demonstrating why every charitable institution in Cook County, and possibly every other county in this State, should be divorced from politics and placed under the control of trustees or directors composed of medical, legal and business men. But, with the facts at my command—and in the main they are well known to the public—perhaps none is more important to the individual and to the community than the one which I have chosen; and without a doubt, if you or I are in any degree coming under the habit, or if we are not exercising our influence in the right direction in the practice of our profession, there is not a subject, which we could discuss, of greater moment.



For more than eighteen years your speaker has occupied a position in a reformatory institution, and has watched with at least some degree of care nearly, if not quite ten thousand cases of alcoholic and opium inebriety. Among this number will be found represented every profession and occupation, the young and the aged, and people of nearly every nationality. I have noted with great anxiety and solicitude that a number of our profession, somewhat out of proportion to the other professions, are obliged, from time to time, to absent themselves from their homes and fields of practice, and find it convenient, while ostensibly attending a post-graduate course, or looking after some real estate interest of some distant relation to visit our institution for relief.

My deductions from these cases and remarks to you at this time will not be from the standpoint of a prohibitionist, or that of a temperance lecturer who sees everything bad in whisky and nothing bad in every other form of intemperance, but from the standpoint of practical temperance, and with the hope that good may come to some who may possibly have their attention directed to a commencing habit.

That a large number of the people in almost every community use alcoholics to excess, and thus in many cases at least impoverish their families, and, in some instances at least, impose burdens on the State, no one will deny. And that our profession in every degree, either by practice or precept, exercises its influence in the right direction upon the subject, cannot be claimed by its most ardent or zealous members.

Hardly a month passes without a physician coming under my care, and already one whose diploma I signed less than three years ago has been obliged to seek refuge from the opium habit. If one looks over the mortality list of physicians in our State, he will be surprised that several returns of death have been made from alcoholics, and not a few

from the morphine and chloral habit. There is one other fact to which I shall call attention at another place in my paper, which I must outline or at least intimate at this time. It is the responsibility of our profession in prescribing without limit alcoholic and opium preparations. If I make the statement that two or three in each hundred in our profession use alcohol or opium to excess, and there are those who believe that an estimate of ten per cent. would not be an exaggeration, I must also say, and the assertion is not made without a great array of facts to sustain it, that a considerable number of the non-medical people who succumb to the seductive influence of alcohol and opium took their first dose from a physician. Frequently, aye, very frequently, the story comes to me, that Dr. A or B prescribed morphine to me, as a remedy for some painful disease; or, an alcoholic, for a debilitated and enfeebled condition; and, being entirely unaware of the seductive charms of either, I continued their use until I am now absolutely within their grasp. But it is not alone among the people that this result comes—our profession feels it.

I have here a list of thirty cases, all physicians, who have been treated for the opium habit, and I find the causes assigned for the use of the drug, and the direful results nearly always attained, are not particularly different from the causes and results given by non-professional people.

NO.	AGE.	CAUSE FOR TAKING OPIUM.	KIND AND METHOD.
1	36	None assigned.	No record.
2	28	Pain in head.	Hypodermically.
3	38	Insomnia.	Tr. opil.
4	35	To relieve headache.	Morphia, prescribed by a physician.
5	52	For cardialgia.	Morphia, prescribed by a physician.
6	44	Rheumatic pains.	Morphia, by mouth.
7	37	For ship fever.	Morphia, prescribed by a physician.
8	29	For headache.	Morphia, by mouth.
9	37	For pain in stomach.	Morphia, by mouth.
10	41	For diarrhoea.	Morphia, by mouth.
11	70	For neuralgia.	Hypodermically.

NO.	AGE.	CAUSE FOR TAKING OPIUM.	KIND AND METHOD.
12	27	Severe mental strain.	Hypodermically.
13	27	Rheumatic pains.	Hypodermically.
14	26	For a painful boil.	Hypodermically, by a physician.
15	35	Nervous debility.	Hypodermically.
16	41	For neuralgia.	Morphine, by mouth.
17	37	For want of rest.	Hypodermically.
18	40	Rheumatism.	Hypodermically.
19	33	For its exhilarant effect.	Hypodermically.
20	57	For gastralgia.	Hypodermically.
21	28	Rheumatism.	Hypodermically.
22	68	Rheumatism.	Hypodermically.
23	47	To assist in practice.	Hypodermically.
24	40	Rheumatism.	Morphine, by mouth.
25	39	For peritonitis.	Hypodermically.
26	32	Necrosis of tibia.	Hypodermically, by physician.
27	42	Neuralgia.	Morphia, by mouth, by physician.
28	33	For bilious attack.	Hypodermically.
29	56	Gastritis.	Morphia, by mouth.
30	37	Rheumatism.	Hypodermically.

Among the people, and more particularly the young, the following reasons for commencing the use of liquor and opium use are usually given: Drinking associates their usual companions; sociability; the habit of treating; trouble of any kind; the liquor business; army and navy associations; drinking in the family; sickness; prescribed by a doctor.

To these medical men add: Mental and physical exhaustion incident to long rides; exhaustion at or following severe medical cases, or following obstetric and surgical operations, and to aid in withstanding the vicissitudes of inclement weather.

The young physician is tempted to take alcoholics, if he is not studious, during the years he is battling for a practice. Sometimes with the hope that it will bring him patients, and at other times because he is discouraged.

Whether a professional man or non-professional, if one has formed the habit from any of the causes I have mentioned in his youth, trouble of any and all kinds causes him

again to seek relief either in drink or opium. And at this time, in my judgment, he seeks relief knowing full well what the drug will do to him, and too, he does it voluntarily.

This brings me at once to discuss the question: Why do men use alcohol and opium, and particularly physicians who know without any kind of doubt that they are cultivating a habit which in the end is sure to bring about a train of disasters a thousandfold more distressing than the paltry pain which they profess to relieve.

Is this habit of indulging in alcohol or opium a disease in the sense that we use the term. In other words, is a man responsible for being a drunkard or an opium habitue. To me there is but one answer to these questions, and that is at variance with the opinions freely expressed by the so-called specialists in inebriety. To me in ninety-eight cases out of every one hundred there is no semblance of disease—it is not *necessary* to drink or take opium to excess—as a practice it is entirely avoidable.

As early as 1872, I placed on record in an article published in the Chicago Medical Examiner certain observations in regard to the then newly discovered disease, inebriety. Those observations were directly and explicitly opposed to the theory, and after nearly eighteen years additional experience, during which nearly ten thousand cases of alcoholism, with their complications, have been treated, my convictions remain unchanged.

The theory is being constantly urged, particularly by superintendents and physicians of inebriate asylums, that “drunkenness” is a disease, not a vice. Their ideas and peculiar views find ready believers and advocates in the friends of the more aristocratic class of those addicted to the intemperate use of alcohol and opium, and among the victims themselves, who do not care to attempt reformation. I am not aware that anybody ever thought drunkenness in a poor man a disease—it is always a class that are able to

pay large fees to specialists, and those able to board at asylums at \$50 per week (more particularly in the East) and coddled with the idea that they have a peculiar pathological condition, that we find the largest number of advocates of this, to me, pernicious and destructive theory.

More recently several medical journals have commenced to advocate these same ideas—some temperance lecturers proclaim it, and I am exceedingly sorry that many of our strongest and most faithful workers—ladies of the Women's Christian Temperance Union—believe it!

I desire at this time to affirm:

1st. That in my opinion there exists no physical cause which compels a man to become a slave to opium or alcohol.

2nd. That ninety-five out of every hundred men who have formed the habit can reform if they desire; the remaining five are probably insane, should be treated as such and not held accountable.

The trouble is, men will not use the means for reformation which are freely and entirely at their command. They desire to reform, they say, and yet insist in indulging in all other previous bad habits and associations. They say they desire to reform, but refuse any cultivation of the moral sense, any strengthening of the will. They desire a reformation which takes little or no effort—a cure which will enable them to practice all previous bad habits, mingle with all previous vicious associates, gratify all the lower feelings and passions, and to all of which I might add, use alcoholics *in moderation*, with no danger of ever becoming intoxicated. This is the kind of cure many desire. They do not want reformation.

I am constantly having gentlemen under my observation formerly addicted to the use of alcohol, men of great business capacity, men of fine moral sense, and with wills powerful enough to carry them directly in the way of duty, notwithstanding any reverses, disappointments or temptations,

and yet they believe in the so-called disease inebriety, and that they are victims of the malady. With these splendid business qualifications, with keen moral and religious senses, and with will powers equal to any emergencies, they clamor for some specific medication, which will do away with the appetite, which will enable them to take a single drink without the desire to take another. A man is reformed when his moral sense teaches him that it is wrong, and his will power is sufficiently strong to enable him to abstain from taking the first drink, and for such a person to assert that he is the victim of a disease is to me nonsense. It should be remembered that we are now speaking of men who have acquired the taste for stimulants, and have a desire for them. We speak of the desire or motive for taking them as the disease, not the condition they are in after the stimulant has been taken into the system.

Dr. Parrish, in the Third Annual Report of the American Association for the Cure of Inebriates, speaking of consumption and alcoholism, says: "The cough, hectic flush, night sweats and wasting of tissue are no more symptoms of disease in the one case than the injected and glaring eye, flushed face, confused speech and staggering gait in the other."

To me there is no comparison whatever between the two cases. Place these two patients in a room; supply the consumptive with a good generous diet and what medicine is necessary; supply the patient with the so-called alcoholic disease with a little nerve sedative, some beef tea, etc.; visit them at the end of four days, and mark the progress of their respective diseases. The consumptive has continued to fail; his emaciation is greater; his strength is not so good; he is worse. How is it with the other? His injected and glaring eye has disappeared; his face is no longer flushed; his speech is intelligible; his gait steady. In a few days he is ready for business. He will now stop drinking if he

earnestly desires. In order to accomplish this, however, he must do what every man must do who is peculiarly tempted by appetite or passion—carefully avoid the temptation, and in every possible way earnestly and zealously perfect his manhood, and reformation will certainly crown the effect.

Alcoholics produce very grave changes in almost every tissue of the body, and as I have said, and shall say again, produce disease of every variety. But it is the motive, or impulse, or desire, that is called the disease. If a person is not responsible for an evil motive, or impulse, or desire, then we should not hold him responsible for all the calamities which come from partaking of alcohol. A man is not responsible for acts which absolute structural changes in his body compel him to do. I grant this of course; no one pretends that a man is to blame for the palpitation of a diseased heart induced by rheumatism, or for an enlarged spleen caused by chronic malarial poisoning. It is beyond the power of the will to prevent these maladies; they are of the body; they are diseases; we cannot avoid them; they have a previous history and a regular course. There is a cause for the structural changes which really exist.

And now about inebriety: Is there any previous history? Any cause except the voluntary taking into the system a certain amount of liquor? Has any structural change taken place in the persons of the hundreds when the first drink is taken? Is there any inherent propelling cause why members of this Society or the business men of your city should go out and take enough liquor to render them absolutely unconscious; and yet business men and doctors do and can become completely under the influence of some alcoholic in one short hour. Shall we excuse them, and say that they are not responsible, and call it a disease? If this is a disease, how easy the cure compared with all other forms of sickness? Take a man who has drank continually for ten

years; all at once he stops and never drinks again. We know them by the dozens. What has done it? What has cured the man of this "disease," this malady which has beggared his family for years and ostracised him from society? Is it any drug? Is it any change in some organ, where structural lesions had existed? Not at all. He simply made up his mind not to drink. Henceforth everything progresses well; the man is in perfect health: his business is excellent—never better; his family is happy; he conducts large and profitable enterprises; his mind was never as clear—his reasoning powers never so acute. This man, then, has been cured of his so-called disease without any medication, by a simple process of his will, and he remains so to the end of life. No other disease, the history of which I am acquainted with, is cured like this. Some may urge, however, that this is an exceptional case; that it is a recent case; that the appetite had not obtained control of the man. To this I say, that a study of a very large number of cases convinces me that a man who has drank ten, twenty or thirty years stops just as easy as one who has been addicted to alcoholic excess for a single month.

Our first duty, then, appreciating the extent to which alcoholics and opium are used intemperately, is to impress the people with the fact that only a very small per cent.—an exceedingly small per cent. of men addicted to this use are the victims of any disease. It is at first and for a long time nothing but a pernicious habit which can be overcome if we can succeed in gaining the attention, more particularly of the young men, and convince them that it is for their own good. The trouble is to engage their attention; the trouble is that they refuse to believe that there is for them any danger. They are perfectly safe—the danger is to others.

At this stage in the consideration of this question I shall be met by the assertion, by some, that inasmuch as I do

not believe in the disease theory of drunkenness, I must certainly admit that it is hereditary. My attention is very respectfully called to the sins of the fathers being visited upon the children, even to the third and fourth generation—and the anxious and kind-hearted relative and parent commences to excuse the drunkard on account of inheritance.

I will be asked if I do not believe that family peculiarities—resemblances, beauty, intellectual powers, etc. etc.—are handed down from parent to child.

They refer you to the scheme inaugurated by Laban for changing the color of his cattle, sheep and goats, and ask if you deny the fact that paternal impressions and peculiarities are not at the present day transmitted to offspring.

In reply I would say that I believe in all these things, but I cannot see that it has anything to do with this intemperate use—the pernicious use of alcohol or opium.

If the appetite for alcoholics is hereditary, the appetite for opium is also, and of the many cases I have treated not a parent ever used it.

No, in my judgment, the appetite for drink is not hereditary. It occasionally looks as if it was, when we examine an individual case, but cumulate your observations and it appears differently. Look at an individual case in all its bearings and from all standpoints, and it does not seem so apparent.

Of 541 men examined during 1880, only eight cared to say that they thought the appetite which they persist in appeasing was the result of hereditary influence; and of 1,525 examined during the following four years, only thirty-one claim any influence of this kind, and an examination of 1,000 during the past year gives me the same results.

One other fact I desire to state, and then I pass to another point. This is a matter of experience; a matter of observation. A man is reared in a moral or religious family where liquor is never seen, and where the influence of hered-

ity can by no possible way exercise any influence, but where indulgence and lack of early discipline is prevalent, and a general easy and indolent time is permitted. Let such a young man acquire the habit of drinking, and his reformation is more difficult than that of a young man coming up in a family where liquor is freely used, but very early he is taught to care for himself, to work, to obey those in authority, and to assume some of the responsibilities of life. That is to say, idleness and want of government are more important factors as causes of drunkenness than heredity.

This is not an easy thing to say. In some families it will not be admitted for a moment, such a remark will not be tolerated, but as physicians we know it is true. The law of heredity, so far as my information extends, applies equally to the male and female members of the same family. Let the advocate of the inheritance of inebriety explain to me why it does not follow the usual law.

One other question can be decided by our profession better than by any other class, and in my judgment we should acquaint the people of it. The vice of both alcoholic and opium inebriety does not produce such marked deleterious results upon the health of the masses as is generally believed. It produces quite as much distress in the family, blasts hopes, and produces untold suffering. It brings loss to the State, and is the most fruitful of all causes in the production of crime. But as a factor producing disease I doubt whether it is greater than the peanut.

Among a thousand men whom I have treated yearly for several years the loss is from one to three. I think that I sign quite as many death certificates from Bright's disease among those who have been temperate as of those who have been intemperate. That alcohol and opium produce a very large number of those afflicted with mental disease, I do not deny. That pneumonia is very fatal in this class, I must acknowledge. But I must say that general observation and

clinical facts lead me to affirm that the great majority of intemperate men and women are generally healthy people. My friends, it is not in physical disability to the man that this habit produces its most marked results: it is mental and moral; it is to the wife, to the children, to the community.

If the members of our profession will consider carefully the questions I have discussed, consider them carefully and without prejudice, I believe they would agree that in only the smallest part is the appetite for alcohol and opium a disease. That only in very small part is it hereditary, and that it does not produce disease to the extent we are led to believe.

What, then, is our duty to the people? Plainly, to educate them. To present to them facts, not fancy nor sentiment.

A bill introduced in our Legislature during its present session looking toward a more general diffusion of knowledge of the baneful effects of alcoholics and opiates is to be commended. This would be of immense importance to the youth. If it should ever become a law, however, it would be of the greatest importance that instruction based upon physiological and pathological facts should be imparted.

The temperance cause has suffered much from its friends; suffered because conclusions so at variance with established facts have been permitted to go unrebuked and unanswered.

Some years ago it was stated in a French journal of some repute that if you remove the calvarium from the head of one addicted to the use of alcohol, and apply a lighted match, that a conflagration immediately takes place. Everything is consumed; cerebro spinal fluid-brain substance and membrane.

The Rev. Joseph Cook, in a lecture delivered in Edinburgh, proceeded to illustrate the action of alcohol on tissues, and particularly on the albumen in the system, by pouring alcohol on the white of egg. And the *Medical*

Press and Circular is authority for saying that the same distinguished gentleman has stated that by hardening the albuminous substances in the body, alcohol leaves scars in the brain and upon nerves which cannot be washed out, or made to disappear by absorption any more than scars upon the integument.

These statements, and many others, used to illustrate a supposed fact of importance and value, are not only not true, but they are such exaggerations that sensible men and women doubt every other statement made by the same persons.

With the facts which I have presented to you I again ask, what can the medical profession advise? What is our duty?

In the first place, our profession should be temperate men and women. First, for a selfish reason—it is best for us personally in every possible way—and, secondly, for example's sake. If meat makes my brother sin, then I will not eat meat.

In the next place, we should correct certain faults in our practice. Particularly in the indiscriminate prescribing of alcoholics and opiates.

What doth it profit if we gain the whole world for ourselves and damn a dozen souls? Why should we never cease a tirade against the proper use of alcoholics in sickness, possibly lose a valuable life, and yet prescribe without admonition an opiate to everyone applying for a trivial pain. As between a single dose of alcohol and a single dose of morphine, I believe the former is preferable. The first in a single dose scarcely produces any deleterious effects. The second abolishes appetite, constipates, and is the more seductive.

In my judgment, the medical profession frequently do an irreparable wrong in prescribing without limitation an opiate for trivial complaints.

And there is no doubt in my mind that the medical profession are very largely responsible for the formation of the opium habit in a majority of cases. Look at the trivial causes for taking an anodyne, given by those of our profession who make up my list of thirty. One man says, pain in his head; another, pain in the stomach; and another, to assist him in his practice. To yield to such a temptation as this is not heroic. It is not bravery. And then, there is always the danger of becoming slaves to the drug.

What, then, can be done? It seems to me that we should work along the lines which I will indicate, and that our labors and influence should be addressed to the following classes and conditions of the people:

First: Our profession should be temperate themselves; should feel a responsibility in prescribing both alcoholics and the opium preparations, particularly to the young and to adults whom we know to be easily susceptible.

Second: Educate the young, those who know nothing of the habit.

Third: Work among those who seem honestly to desire a reformation, and are willing to accept the means which will produce it.

Fourth: Use our influence to legislate for that uncontrollable, incorrigible class, who profess to desire a reformation, but, after short periods of abstinence, repeatedly fall, and have not only ruined themselves, but have discouraged and rendered miserable their relatives and acquaintances. This class is really a burden to the community.

As to what our profession should do I have already outlined my opinion: We, who should know better than any other class of men and women the effects of these drugs, should be the last to place ourselves within their grasp. It is cowardly, it seems to me, for us to place the example before the people of always taking an opiate for slight ailments. If we have been exposed to those causes which will

produce in ourselves a tonsillitis, with great muscular pain and slight fever, it is not necessary for us to at once take a full dose of morphine to relieve all pain. We should know that one or two days appropriate treatment without an anodyne will see a recovery. Nature is always able to throw off a slight indisposition like this or many others to which I might call your attention. The same rule holds good with our patients. They do not need an anodyne or an alcoholic for such trivial complaints. Yet I fear that some physicians attempt to make a reputation by doing just exactly this thing. It has been remarked to me that Dr. So and So always prescribes something that makes me feel comfortable. This prescription is in many cases refilled and refilled, and is regarded as a kind of sovereign cure-all for everything. At last the patient discovers that he has been taking alcohol or opium, and is firmly within its grasp. I could multiply this illustration, but time will not permit. The habit of so frequently whipping out and using a hypodermic syringe is to me reprehensible, and under no conditions whatever should we teach a person how to use the instrument.

And now, in regard to the second class. That great number of boys and girls, all of whom we love, and we should be and are interested in their future. I am particularly impressed with the idea that the largest amount of temperance work should be among them, and that by every means possible they should be prevented from forming the habit of moderate drinking; that the law against liquor-selling to minors should be rigid and enforced.

The youth of our country, of all nationalities, should be made to feel that the cultivation of the taste for liquor is a dangerous habit; that alcohol in all its forms is a drug to be dreaded and avoided as strychnine or aconite, and that opium should be only given when imperatively demanded. Let parents in all conditions of life be made to feel, and educated to believe, that it is a dangerous practice to allow,

and a fearful responsibility to encourage their children to drink the mild wines, beer or cider.

While I am writing this section of my paper a gentleman fifty-two years of age, and one who has experienced all the degradation possible from drink, has lost his fortune, ruined his health, and is separated from his family, said to me: "Forty years ago I attended church three times each Sunday, and listened to sermons one hour in length each time, and in addition attended Sabbath school, and during all these religious exercises for years I have never heard a word in regard to the baneful effects of narcotics. I commenced gradually, and knew nothing of its dangers." This is true of hundreds and thousands.

But, thanks to our educational temperance organization, this is being overcome; and I trust that the time is not far distant when every parent will realize that it is not only not a smart thing, but a fearful crime to send their children to a saloon for liquors, and a much greater one to tempt them by offering the sugar that is at the bottom of the glass.

What shall be done with our third class, those who have already acquired the habit?

Probably about twenty per cent. can be reformed the first time their attention can be arrested long enough to keep them perfectly sober. This can be done by rest, seclusion and education. Any way by which the alcohol and opium can be eliminated from the system, and a few days' rest for the body be taken, and then followed by encouraging words; a definite plan of work, and a resolution never to associate with former companions. If the question be asked: "Why have homes and asylums for inebriates been established and maintained at a cost of money and labor, if the habit of inebriation is not a disease, and only twenty per cent. saved?" I would reply, that after temperance organizations and societies, and churches and clubs, have done all that is possible, some of the most promising of

those reformed will relapse from causes which I have just enumerated.

These men need a place where they can acquire strength; where, separated from their companions, their moral sense can be cultivated and strengthened. Some men reform in a moment; with others it takes months, perhaps years. Many men use alcoholics for years without the impairment of any function of the body; others are injured in nearly every organ. For those who need considerable time to perfect a reformation, and that class, too, whose constitutions have been injured by the voluntary use of alcoholics, and who, from habit and association, have not the moral sense to say No to an invitation to drink, to such, homes and asylums are houses of refuge. Reformation is a matter of development—not a “presto-change” affair, not done in the twinkling of an eye, but a matter of growth, a matter of development. A man who has been addicted to the inordinate use of alcohol and opium is never safe. He must be on his guard. A reformed man must be taught, and the lesson must be well learned, that let come what will—sickness, trouble, death, reverses, singly or all combined—that he cannot with any safety touch a drop or he will fall.

No class or profession of men see so many of these unfortunates as our profession. We should be able to tell these men that it is their duty to fight this appetite, if they have been so unfortunate as to form it, and that there is no drug that can take it entirely from them.

What is to become of the remaining per cent? I stated, it must be remembered, that I thought about twenty in each hundred could be quickly reformed if we could get access to them. What about the remaining eighty?

Quite a number will reform after repeated trials and failures; a few, after education upon the subject, will drink less—are improved, but not reformed. A considerable

number go to form the fourth class, the description and treatment of which I will now speak.

These cannot be reformed either through the influence of rest, seclusion, or by the moral strength acquired in a reformatory institution. These are the uncontrollable, incorrigible, disquieted men, who have not only discouraged but rendered miserable their relatives and all their acquaintances. They have never learned to obey; they are undisciplined, and generally lack all feeling of responsibility. They are the men who beat their wives and starve their children; the men who steal the hard-earned money from their wives' purse, and the knives and napkins from their tables, to buy alcohol or opium, and when perfectly sober or free from the drug you expostulate with them they will laugh, and assure you that they know their own business. The State should assume the guardianship of this class, and should put them in an institution whose management should be remarkable for its kind administration of affairs and for a discipline most rigid. This institution should be situated on a farm, and men of this class sent there for not less than two years. From ten to twelve hours' work every day during this commitment, combined with judicious and strict discipline, with the assurance that the State would again assume charge of them if they returned to their former habits, would produce an effect on these men which would result in the reformation of nearly all. Let them learn that it is some one's business if they become absolutely indifferent to all the responsibilities of life. The medical profession should be alive in bringing about such sentiments, and by precept and practice enable them to become laws. Let us be in a position to educate the young and those of maturer years so that the second class shall not form the habit. The third class we are always ready to assist, and regarding the fourth class, those uncontrollable, incorrigible, undisciplined

men and women, let us, in the language of Dr. Bucknell, bring about a sentiment that "These men are not to be 'coddled' in luxurious indolence, nor impressed with the pernicious idea that they are interesting but helpless objects of social and psychological science."

